



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Jack P. Mitchell, DC

**Respondent Name**

American Hallmark Insurance Company

**MFDR Tracking Number**

M4-14-2599-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

April 22, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "...code 99456-WP-MI (3) represents disability exam with multiple impairments. Pursuant to DWC Rule 127.10 (d), when the doctor shall provide multiple certifications of MMI and Impairment rating from which to pay benefits as required by the ACT. Since the extent of injury was part of the designated doctor evaluation, it is reasonable to have multiple impairments indicated on separate Report of Medical Evaluations taking into account various combinations of diagnosis. This was performed as requested.

The DWC-32, Box C clearly indicated extent of various diagnosis that was taken into account for the various interpretations reflected by multiple impairments requiring a total of (3) additional Report of Medical Evaluation on a DWC Form 69."

**Amount in Dispute:** \$50.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on April 29, 2014. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

**Response Submitted by:** NA

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 6, 2014	Designated Doctor's Exam of Multiple Impairments	\$50.00	\$50.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 (j)(4)(B) addresses payment for multiple impairment ratings.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - W1 – Workers' Compensation State Fee Schedule Adj
  - ORC – See additional information (2 additional areas rated – (3 total) allowed. Units should be 2.

## **Issues**

1. Did the requestor correctly bill for three (3) units of multiple impairment ratings?
2. What is the correct reimbursement for the multiple impairments provided?
3. Is the requestor entitled to additional reimbursement?

## **Findings**

1. Per 28 Texas Administrative Code §127.10 (d), "...If a designated doctor is simultaneously requested to address MMI and/or impairment rating and the extent of the compensable injury in a single examination, **the designated doctor shall provide multiple certifications of MMI and impairment ratings that take into account each possible outcome for the extent of the injury...** If the designated doctor provided multiple certifications of MMI and impairment ratings, the designated doctor **must file a Report of Medical Evaluation under §130.1(d) of this title for each impairment rating assigned**" [emphasis added].

Per 28 Texas Administrative Code §134.204 (j)(4)(B), "When multiple IRs are required as a component of a designated doctor examination ..., **the designated doctor shall bill for the number of body areas rated and be reimbursed \$50 for each additional IR calculation**" [emphasis added].

The preamble, found in 33 TexReg 364, clarifies the intent of this rule, stating, "Subsection (j) of this section maintains the provision that when performing an IR evaluation, body areas are reimbursed as well, and also **maintains an additional reimbursement of \$50 for each additional IR calculation** when multiple IRs are required as a component of a designated doctor examination" [emphasis added]. Similarly, review of the preamble for former 28 Texas Administrative Code §134.202, 27 TexReg 4048 and 12304, similarly states, "Due to extensive public comment, substantial changes have been made to subsection (e)(6), regarding Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations. Subsection (e)(6) has been revised to reorganize and simplify the billing and reimbursement provisions for MMI/IR examinations and assessments. The language has been restructured to quickly direct the healthcare provider to the applicable billing and payment policies. Also, the adopted rule has been amended to incorporate **reimbursement of \$50 for each additional IR calculation when multiple IRs are required as a component of a designated doctor examination**" [emphasis added].

The compensable injury, as reported on the DWC032 (Request for Designated Doctor Examination) was "right shoulder rotator cuff tear." The designated doctor determined that the extent of injury also included "lumbar sprain" and "left hip sprain." The designated doctor provided a Report of Medical Evaluation for the compensable right shoulder rotator cuff tear, for the compensable injury with lumbar sprain, for the compensable injury with hip sprain, and for the compensable injury with both lumbar sprain and hip sprain to take into account each possible outcome. Therefore, the requestor correctly billed for three (3) units of multiple impairment ratings.

2. 28 Texas Administrative Code §134.204 (j)(4)(B) states, "the designated doctor shall...be reimbursed \$50 for each additional IR calculation." Therefore, the correct reimbursement for three (3) units of multiple impairment ratings is \$150.00.
3. The insurance carrier paid \$100.00 for two (2) units of multiple impairment ratings. Therefore, the requestor is entitled to an additional reimbursement of \$50.00.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$50.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$50.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order..

### Authorized Signature

_____	<u>Laurie Garnes</u>	<u>December 23, 2014</u>
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**